REQUEST FOR LIVE SCAN SERVICE

Applicant Submission

ORI: A1099 Type of Application: LICENSE, CERTIFICATION, PERMIT						
Job Title or Type of License, Certification or Permit: STRUCTURAL PEST CONTROL						
Agency Address Set Contributing Agency:						
DCA/STRUCTURAL PEST CONTROL BOARD Agency authorized to receive criminal history information		Mail Code (five digit code assigned by DOJ)				
1418 HOWE AVENUE, SUITE 18 Street No. Street or P.O. Box		STEVE THOMASON/SUSAN SAYLOR Contact Name (Mandatory for all school submissions)				
	95825 Zip Code	(916) 561-8704 Contact Telephone No.				
Oity State 2		Oomaac Tolopiii	516 14C.			
Name of Applicant: (please print) Last	First		MI			
Alias:		Driver's License N	No			
	First		_			
Date of Birth: Sex:N	Male Female	Misc. No. BIL-	APPLICANT MUST PAY Agency Billing Number (if applicable)			
Eye Color: Hair Color:		Home Address:	Street or P.O. Box			
Place of Birth:			City, State and Zip Code			
SOC:			July, State and Zip Code			
Your Number: OCA No. (Agency Identifying N	No.)	Level of Service	X DOJ X FBI			
If resubmission, list Original ATI No.						
Employer: (Additional response for agencies specified by statute)						
Employer Name						
Street No. Street or P.O. Box		Mail Co	ode (five digit code assigned by DOJ)			
City State	Zip Code	/ / Agency	y Telephone No. (optional)			
Live Scan Transaction Completed By: Name of Operator Date:						
Transmitting Agency	ATI No.		Amount Collected/Billed			

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